

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **Mr Samuel Thomas Smith**(b) Address (number and street) ☐ check if different than previously reported
513 Royal Ridge Ct(c) City, State and ZIP Code
Versailles

KY 40383

2. FEC Identification Number**C** C30002356(d) Name of Employer or Principal Place of Business
Kmart #3850

(e) Occupation

Hardliners associate

3. Is This Statement☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
08 / 20 / 2015

through

MM / DD / YYYY
08 / 20 / 2016**5. (a) Date of Public Distribution(s)**

MM / DD / YYYY

(b) Communication Title**6. The filer is a(n):** (a) ☒ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Mr Samuel Thomas Smith

(b) Address (number and street)
513 Royal Ridge Ct

(c) City, State and ZIP Code

Versailles

KY 40383

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.01

10. Total Disbursements/Obligations This Statement

.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Mr Samuel Thomas Smith**SIGNATURE** Mr Samuel Thomas Smith**[Electronically Filed] DATE** 08/20/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.